

# TRANSMITTAL FORM

Application Number	10/813,326
Filing Date	March 30, 2004
First Named Inventor	Djupesland, Per Gisle
Group Art Unit	3734
Examiner Name	Mendoza, Michael G.
Attorney Docket No.	44508-058
Patent No.	Not yet assigned
Issue Date	Not yet assigned

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Copy of the Information Disclosure Statement filed November 21, 2006
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## CERTIFICATE OF ELECTRONIC TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being electronically filed on this 10<sup>th</sup> day of August, 2007.

*Elizabeth Savary*  
Elizabeth Savarez

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Proskauer Rose LLP  
1585 Broadway  
New York, NY 10036-8299  
Tel. No.: (212) 969-3000  
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## SIGNATURE BLOCK

Respectfully submitted,  
*Kristin H. Neuman*  
Kristin H. Neuman  
Attorney for the Applicant  
Proskauer Rose LLP  
1585 Broadway  
New York, NY 10036-8299

**\*\*FEE CALCULATION FOR E-FILING: DO NOT SUBMIT WITH FILING\*\***

<b>FEE TRANSMITTAL</b> FY 2007		<i>Complete if Known</i>			
		Application No.		10/813,326	
		Docket No.		44508-058	
		Filing Date		March 30, 2004	
		First Named Inventor		Djupesland, Per Gisle	
		Group No.		3734	
		Examiner Name		Mendoza, Michael G.	
Confirmation No.		5109			

  

METHOD OF PAYMENT					FEE CALCULATION (continued)				
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					4. ADDITIONAL FEES				
					Large Entity	Small Entity			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081. <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. <input checked="" type="checkbox"/> Applicant claims small entity status. (deduct 50%)					Fee (\$)	Fee (\$)	Fee Description	Fee Paid	
<b>FEE CALCULATION</b>									
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>									
Application Type	Filing	Search	Examination	Fee Paid					
Utility	300	500	200		130	65	Surcharge - late filing fee or oath		
Design	200	100	130		50	25	Surcharge - late provisional filing fee or cover sheet		
Plant	200	300	160		130	130	Non-English specification		
Reissue	300	500	600		2,520	2,520	Request for ex parte re-examination		
Provisional	200	0	0		120	60	Extension for reply within 1 <sup>st</sup> mo.		
					450	225	Extension for reply within 2 <sup>nd</sup> mo.		
					1,020	510	Extension for reply within 3 <sup>rd</sup> mo.		
					1,590	795	Extension for reply within 4 <sup>th</sup> mo.		
					2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.		
					500	250	Notice of Appeal		
					500	250	Filing a brief in support of an appeal		
					1,000	500	Request for oral hearing		
					400	0	Petitions to the Director		
					180	180	Submission of IDS		
					790	395	Filing a submission after final rejection (37 CFR 1.129(a))		
					790	395	For each additional invention to be examined (37 CFR 1.129(b))		
					100	100	Certificate of Correction for applicant's error		
					130	65	Submission of Terminal Disclaimer		
					Other fee (Specify) _____				
					Other fee (Specify) _____				
					<b>4. TOTAL:</b>			<b>-0-</b>	

  

<b>2. EXCESS CLAIM FEES</b>					
	Fee	Small Entity Fee (\$)			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100			
Total Claims	Extra Claims	Fee Paid (\$)			
51	- 51 HP= 0	x \$ = -0-			
HP = highest number of total claims paid for, if greater than 20					
Indep. Claims	Extra Claims	Fee Paid (\$)			
7	- 3 or HP= 4	x \$100.00= \$400.00			
HP = highest number of total claims paid for, if greater than 3					
Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)		
	360	180			
			-0-		
<b>2. TOTAL:</b>			<b>\$400.00</b>		

  

<b>3. APPLICATION SIZE FEE</b>					<b>SIGNATURE BLOCK</b>				
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid					
-100= 0	/50=	round up to a whole number	x	= 0.00					
<b>3. TOTAL:</b>				<b>-0-</b>					
<b>CORRESPONDENCE ADDRESS</b>									
Direct all correspondence to: Patent Administrator Proskauer Rose LLP 1585 Broadway New York, NY 10036-8299 Tel. No.: (212) 969-3000 Fax No.: (212) 969-2900									

  

<b>TOTAL AMOUNT SUBMITTED</b>	
<b>(\$ 400.00)</b>	

  

CALCULATION PURPOSES ONLY